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# GAINING CONTROL OF OCCUPATIONAL INJURY AND ILLNESS IN THE U. S. NAVY CIVILIAN WORK FORCE

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## SUMMARY

### Problem

In July 1989, the Comptroller of the Department of Defense (DoD) announced that each DoD activity shall pay compensation costs incurred for civilian occupational injuries and illnesses, a change intended to increase awareness of local commanders and to emphasize that they can have an impact in reducing these costs (projected to be \$200 million in FY90 for the Navy alone). One solution to containing these costs is to develop and implement a case management process that integrates all phases and roles of managing cases of occupational injury and illness from the date of occurrence to date of case closure and to institutionalize the control of these cases to achieve effective care coordination, case management, and cost containment.

### Objectives

The purpose of this report was to describe the phases of the development and implementation of the Navy Occupational Injury and Illness Case Management Process (NAVCAMPRO). These phases included the following: development of the interview instrument, collection of interview data, compilation of data into role specifications, description of NAVCAMPRO, training and incentive programs, NAVCAMPRO implementation, and evaluation of the effectiveness of NAVCAMPRO in fulfilling the aforementioned criteria.

### Approach

After developing survey instruments, interviews were conducted with key participants at the naval shipyards, naval public works center, naval air repair facility, Department of Labor--Office of Workers' Compensation Programs (DOL--OWCP), health care facilities, and private corporations. From results of these interviews, comments and recommendations were content analyzed and compiled into clusters of common themes for each participant in case management. A cross indexing of items was used to integrate all of the roles involved in case management. From this integrated approach, NAVCAMPRO was created as were the training programs, to be followed by the implementation and evaluation phases of this project.

## Results

The integrated process or NAVCAMPRO consists of a delineation of the role specifications of all participants: supervisor, case manager, attending physician, occupational health nurse, health clinic liaison, light-duty supervisor, safety officer, physical therapist, security officer, employees of the DOL--OWCP, private physicians, injured employees, and representatives of labor organizations. Another phase of NAVCAMPRO entails the development and initiation of training programs and an incentive program (Create A Returned Employee or CARE) for case managers. The implementation phase of this project includes: identification of the site where NAVCAMPRO will be instituted, participation by key individuals in the training programs, and provision of the documentation of all facets of NAVCAMPRO. The evaluation phase encompasses the initiation of the research project to assess the effectiveness of NAVCAMPRO in meeting the criteria of care coordination, case management, and cost containment. The final stage centers on the presentation of recommendations for continuing, canceling, or modifying NAVCAMPRO.

## Conclusions

From observations of various industrial settings, it was concluded that commands exhibiting an integrated case management process had acceptable levels of medical care and compensation costs. At such commands, employees involved in case management interacted across offices of compensation, safety, light duty, and security as well as the command clinic; these individuals shared a common goal of helping injured employees to return to work as soon as possible. NAVCAMPRO is based on an integrated approach that emphasizes the institutionalization of the control of occupational injury and illness cases.

## Recommendations

Results of this project highlight the importance of implementing NAVCAMPRO as a solution to reducing the high costs of medical care and compensation for occupational injuries and illnesses. This process should prove beneficial in providing the injured employee with quality medical care and command support. After training has been completed for each key participant, NAVCAMPRO implementation should be initiated, to be followed by the evaluation phase of its effectiveness in case management, care coordination, and cost containment.

# Gaining Control of Occupational Injury and Illness in the U.S. Navy Civilian Work Force

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# TABLE OF CONTENTS

<b>I. INTRODUCTION.....</b>	<b>2</b>
Purpose.....	2
Background.....	2
References.....	3
Approach.....	3
<b>II. THE INTEGRATED PROCESS.....</b>	<b>4</b>
Role Delineation.....	4
Supervisor.....	4
Case Manager.....	10
Attending Physician.....	16
Occupational Health Nurse.....	22
Medical Clinic Liaison.....	25
Light-duty Supervisor.....	26
Safety Officer.....	26
Physical Therapist.....	28
Security Officer.....	29
DOL OWCP.....	29
Private Physicians.....	29
Injured Employee.....	30
Labor Organizations.....	30
Training Program Development.....	30
<b>III. IMPLEMENTATION OF THE PROCESS.....</b>	<b>31</b>
Identification of Implementation Site.....	31
Training Programs.....	31
Documentation of the Process.....	31
<b>IV. EVALUATION OF THE PROCESS.....</b>	<b>31</b>
Research Design.....	31
Conclusions and Recommendations.....	32
<b>APPENDIX A .....</b>	<b>33</b>
<b>APPENDIX B (Example from Philadelphia Naval Shipyard).....</b>	<b>34</b>
<b>APPENDIX C (Example from Portsmouth Naval Shipyard) .....</b>	<b>35</b>
<b>APPENDIX D .....</b>	<b>36</b>
<b>APPENDIX E (Example Adapted from Mare Island Naval Shipyard).....</b>	<b>37</b>
<b>APPENDIX F (Example Adapted from Norfolk Naval Shipyard).....</b>	<b>44</b>

## GAINING CONTROL OF OCCUPATIONAL INJURY AND ILLNESS IN THE U.S. NAVY CIVILIAN WORK FORCE

### I. INTRODUCTION

A. **Purpose.** The purpose of this report is to provide guidance to naval commands in implementing a process that is designed to integrate all phases of managing a case of occupational injury or illness from the date of occurrence to the date of case closure. The process, which is titled NAVY OCCUPATIONAL INJURY AND ILLNESS CASE MANAGEMENT PROCESS or NAVCAMPRO, centers on institutionalizing the control of occupational injury and illness cases in order to achieve effective care coordination, case management, and cost containment. This integrated approach consists of a specification of tasks to be performed by each of several key participants: supervisor, case manager, attending physician, occupational health nurse, health clinic liaison, light-duty supervisor, safety officer, physical therapist, security investigator, employees of the Department of Labor--Office of Workers' Compensation Programs (DOL OWCP), private physician, representatives of labor organizations, and injured employee. Adherence to these specifications or NAVCAMPRO by each of the 13 participants would be expected to result in the fulfillment of the aforementioned objectives.

B. **Background.** In July 1989, the Comptroller of the Department of Defense (DoD) announced (Ref (2.d.)) a change in payment procedures whereby, beginning in FY1990, each DoD activity or installation shall pay injury compensation costs incurred for civilian employees' occupational illnesses and injuries. This change was intended to increase awareness of local commanders of such costs as well as to emphasize that they can have an impact in reducing future compensation costs. Management can have an impact by providing strong support through total commitment to safety programs and efforts to reduce compensation costs which forms the basis for assuming control and integrating all phases of case management. One example promoted by local commanders is the scheduling of weekly meetings of medical, safety, and compensation managers (e.g., "green table" reviews) to assess occupational injury and illness cases and to create solutions. Another example is local commanders' support for the implementation of an incentive program for case managers to encourage them in their

endeavors of returning injured employees to the workplace. Containing compensation and medical care costs will enable the DoD to apply greater portions of its financial resources to other more productive and beneficial DoD programs. In anticipation of the announcement to contain compensation and disability costs, NAVSEA provided support for this study which was designed to examine all facets of case management procedures currently in place at naval shipyards. After compiling data on those processes, NAVCAMPRO was developed in an effort to take control of the management of occupational injury and illness cases--and their high compensation and medical care costs. The next phase of this project will center on the implementation of NAVCAMPRO at one or more Navy commands.

### C. References.

#### 1. Authorities

- a. Federal Employees' Compensation Act (FECA) as amended, 5 U.S.C. 8101 et seq.
- b. Code of Federal Regulations, 20 CFR Part 10 and 5 CFR Part 339.

#### 2. Guidance

- a. Federal (FECA) Procedure Manual.
- b. OPNAV Instruction 12810.1
- c. OPNAV Instruction 5102.1C, Chapter 9.
- d. Comptroller, Department of Defense Memorandum of 25 Jul 89
- e. OCPM Instruction 12810.1, a. through i.

D. Approach. This NAVSEA-sponsored project was divided into three phases. During the first phase, interview instruments were developed to be used in interviewing key participants involved in cases of occupational injury and illness at the Navy's heavy industrial settings. Questions pertained to job descriptions, suggestions on how to make various jobs more efficient and productive, and recommendations on containing the high costs associated with occupational injuries and illnesses. Interviews were conducted during the second phase at seven of the eight shipyards, at one public works center, and with several health care administrators and officers not assigned to a shipyard. The approach used in this study was based on the "Total Quality

Management" principle of seeking solutions from those individuals directly involved in the problem. Individuals in the offices of compensation, industrial relations, safety, light duty, and security as well as the clinic discussed their views on ways to improve the case management process and ideas on how to reduce compensation and medical care costs. Directors, claims examiners, and rehabilitation specialists at the DOL OWCP also were interviewed. Other interviews were conducted with Compensation Program Directors in several corporations in the private sector, such as Disneyland and Wausau Insurance Companies. From results of these structured interviews, data were compiled into specifications that have to be met by each key participant in order to fulfill the criteria of the project, namely, care coordination, case management, and cost containment. The third phase consisted of the compilation of these data into an integrated approach or process that clearly specified the steps or tasks to be performed by each individual involved in occupational health and safety to ensure the effective management and care coordination of occupational injury and illness cases.

The following sections of this report outline NAVCAMPRO or the Integrated Process, which briefly summarizes the roles and specific tasks of 13 key participants in NAVCAMPRO; the Implementation of NAVCAMPRO at one or more selected Navy commands; and the Evaluation of the effectiveness of NAVCAMPRO in meeting the criteria of care coordination, case management, and cost containment. On the basis of results of the evaluation phase, conclusions and recommendations will be formulated to specify changes that should be made in improving and/or expanding NAVCAMPRO.

## II. THE INTEGRATED PROCESS

A. Role Delineation. The Process or NAVCAMPRO consists of a delineation of the roles of the 13 key participants in effective case management. The roles of each of these individuals and personnel from offsite organizations are specified in this section. The descriptions begin with a summarized paragraph, followed by a more detailed discussion of the tasks. The first key participant's role is described as follows:

1. Supervisor. The supervisor's role is subsumed under three general categories of major responsibilities: initial response, ongoing response, and continuing endeavors. As specified under initial response, the supervisor arranges for the medical care of the



injured employee, investigates the accident, and adheres to controversion criteria. Under ongoing response, the supervisor establishes and maintains contact with the injured employee, monitors the return-to-work plan (light and regular duty), coordinates the work-hardening program with the physical therapist and attending physician, and contributes to the command's "green table" reviews. For continuing endeavors, the supervisor promotes safety programs and policies, identifies worksite hazards, and conducts the loss control program. The supervisor receives training from video cassettes on "The Supervisor's Role in FECA, Case Management, Accident Investigation, and Controversion" and "Loss Control--Prevention and Management of Occupational Injuries and Illnesses."

Each of the supervisor's major initial responsibilities are outlined and described as follows:

***Supervisor  
MAJOR RESPONSIBILITIES:  
Initial Response***

- ***Arrangement of Medical Care***
- ***Accident Investigation and Forms Completion***
- ***Controversion Criteria Adherence***

a. **Arrangement of Medical Care.** Typically, the first individual to learn of an occupational injury or illness is the supervisor. After the injured employee notifies his or her supervisor of the occupational injury, the supervisor immediately arranges for the medical care of the injured employee. The supervisor does not make any medical decisions. However, if the injury requires immediate care, such as the rinsing of an eye, this type of first-aid treatment is administered by the supervisor. For all other injuries, the injured employee is taken to the command clinic for treatment (Ref (2. b.)). In an emergency, the supervisor requests the clinic to provide immediate ambulance service and paramedic care, which may result in the transport of the injured employee to the nearest emergency room. The supervisor provides injured employees with a written statement that informs them of their obligation to return to work as

soon as possible, whether in their present job or in a light or modified duty position (Appendix A). For lost time cases, the supervisor asks the injured employee to telephone from home or the hospital, or the injured employee will be telephoned by the supervisor during the following day. Injured employees give their supervisors the address and telephone number of the location where they will be convalescing. The supervisor immediately notifies the case manager of the injury, its seriousness, the projected return-to-work date, and possible medical costs for specialist care.

b. Accident Investigation and Forms Completion. At the same time, the supervisor gathers information on the circumstances of the accident. Data collected from the supervisor's investigation are compiled in considerable detail on the command safety/accident report (see Appendix B as an example), which is forwarded to the Safety Office. The Compensation Office receives two copies of this report, one for the case record and the other for the DOL OWCP. The supervisor telephones the medical liaison at the clinic to dictate the same information for transcription on the CA-1 form. After preparing this form, the medical liaison returns it to the supervisor for his or her review, approval, and signature. Witnesses are contacted and their input recorded on the CA-1, followed by an affixing of their signatures. This form is immediately submitted to the Compensation Office, no later than two days after the injury. The supervisor's section of the CA-17 also is completed to detail the occupational physical requirements of those injured employees who are unable to return to work; this form is forwarded to the medical liaison at the health clinic and then to the health care provider for his or her input. If results of the supervisor's investigation raise doubts about the validity of the onsite injury, the procedure for controverting the case is initiated. For complicated controversion cases, the supervisor seeks assistance from the Compensation Office and/or an investigator from Security. A CA-2 is filed for cases of occupational illness.

c. Controversion Criteria. Controversion is an option that the supervisor can use to oppose the injured employee's continuation of pay. Seven of the most pertinent controversion criteria (of a total of nine) include: the disability results from an occupational disease or illness; the injured employee is neither a citizen nor a resident of the U.S.A. or Canada; the injury occurred off the command's premises, and the employee was not involved in official off-premise duties; the injury was proximately

caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication; the injury was not reported on a CA-1 within 30 days of the injury; work stoppage first occurred 90 or more days after the injury; and the employee initially reported the injury after employment was terminated.

The following outline summarizes the ongoing activities of the supervisor:

***Supervisor***  
***MAJOR RESPONSIBILITIES:***  
***Ongoing Response***

- ***Contact with Injured Worker***
- ***Monitor of Return-to-work Plan***
- ***Coordination of Light-duty and Work-hardening Programs***
- ***Contributor to "Green Table" Reviews***

d. Ongoing Contact and Light-duty Work. During the convalescence stage of the injury, the supervisor monitors the recovery process through weekly telephone conversations with the injured employee. On the basis of the clinic physician's return-to-work plan, the injured employee and the supervisor discuss the feasibility of meeting the projected date of return to work. The supervisor provides information on the physical requirements of the job to the attending physician, as requested on the aforementioned CA-17. The supervisor, in turn, receives a copy of the Limited-duty Memorandum (Appendix C) or CA-17, which has been completed by the health clinic physician. With this information on physical restrictions and limitations, the supervisor, to the best of his or her abilities, tries to find appropriate work for the injured employee, whether in the regular job, a version of that job modified to accommodate the worker's capabilities, a light-duty position, or a new job. Light-duty tasks in particular need to be identified continuously by the supervisor; assignments to such positions may not exceed 60 calendar days. If the supervisor has no light-duty tasks to be performed in his or her department, the command light-duty supervisor is

notified. To qualify for a light-duty assignment, the injury must be occupationally related; individuals with nonoccupationally related injuries are accommodated in light-duty positions only after all occupationally injured workers have been placed. The assignment of the injured employee to light duty is of utmost importance in that the employee maintains contact with, and receives support from, his or her coworkers, thereby promoting a continuing bond with the workplace.

e. Work-hardening Program. When able to return to work, injured employees participate in a work-hardening program designed by the health clinic physical therapist to prevent a recurrence of the injury. The purpose of this form of therapy is to enable injured employees to strengthen gradually their bodies and endurance while working, until eventually they can return to their regular or another full-time job.

f. "Green Table" Reviews. If needed, the supervisor participates in "green table" reviews; however, his or her major contribution to this review committee is to identify jobs for injured employees in the work force and to help rehire rehabilitated employees. Another supervisory task includes assuming responsibility for ensuring that employees do not miss appointments for ongoing care, physical therapy, and surveillance physicals. A tickler system consisting of the scheduled appointments would prove beneficial as a reminder of these dates, or a light-duty employee could be tasked with notifying supervisors of the appointments of their subordinates.

For continuing endeavors, the supervisor serves as a role model for preventing accidental injuries and promoting safe work habits, duties that are summarized as follows:

**Supervisor**  
**MAJOR RESPONSIBILITIES:**  
**Continuing Endeavors**

- **Promotion of Safety Practices and Policies**
- **Identification of Worksite Hazards**
- **Participation in Training Programs**
- **Monitor of Loss Control Program**

g. FECA Training Program for Supervisors. Two training programs are offered to supervisors: "The Supervisor's Role in FECA, Case Management, Accident Investigation, and Controversion" and "Loss Control--Prevention and Management of Occupational Injuries and Illnesses." (See Appendix D for the topics in each training program). The former training program is designed to provide the supervisor with the tools needed to participate more effectively in the management of occupational injury and illness cases. The major topics of this training program, which are presented in both a video cassette and a hard-copy training manual, include FECA requirements, accident reporting, controversion criteria, and effective supervision. For example, supervisors receive training in "Total Quality Management," which provides direction for initiating the concept of "continuous improvement" in the workplace. Supervisors learn how to promote such positive aspects of employment as job satisfaction and to reduce instances of the "we-them" mentality in work situations. This emphasis on positivism in the workplace also may prove beneficial in reducing the incidence of stress-related disorders. Efforts to decrease the incidence rate of such conditions, which has been steadily increasing during the past few years, should be strongly encouraged before stress-related disorders become the "back injury" of the 1990s.

f. Loss Control Program. The other training program emphasizes the importance of safety promotion and accident prevention. Included in this program, for example, are instructions on conducting daily "flex and stretch" exercises and safe lifting techniques. Using the skills acquired in the training programs, the supervisor implements and monitors several safety, wellness, and prevention programs. The most important training program is teaching employees how to prevent back injuries, which account for one out of every three workers' compensation dollars incurred. In NAVCAMPRO, a concerted effort centers on the prevention and management of back injuries. For example, every morning the supervisor conducts a specific program that is designed as a warm-up stretching and strengthening or "flex and stretch" exercise. Similar to the reasoning of why no football coaches would allow their players to begin a game without an appropriate warming-up period, supervisors need to accept the same rationale and set an example by leading a loosening-up exercise program. Moreover, employees learn firsthand during the exercise session the importance of injury prevention while at the same time affording supervisors the opportunity to observe the physical condition of each employee. Another program conducted by the supervisor

(safety officer or health care provider) concentrates on periodic demonstrations of the safest ways to lift objects as well as techniques on effectively caring for the back. Also monitored by the supervisor is a work-hardening program developed by the clinic physical therapist and physician that gradually leads new and returning injured employees to the required level of strength or safety awareness required of their jobs. The supervisor also engages in a constant surveillance of the worksite to identify and eliminate any ergonomic or hazardous condition that could cause an accident or result in an injury. Another supervisory activity, one that promotes good will and well-being, is a recommendation to the health clinic that an employee receives a prescription of a hot-pack treatment.

2. Case Manager. Fulfillment of the three major objectives of case management, care coordination, and cost containment primarily rests in the office of the case manager. Similar to the three general categories identified above for the supervisor's major responsibilities, the role specifications for the case manager are subsumed under initial response, ongoing response, and continuing endeavors. For initial response, the case manager is the key individual in coordinating the role fulfillment efforts of all other participants in a case of occupational injury or illness as well as in presiding over "green table" reviews. The time specifications for all form filings, DOL OWCP data compilations, and letter mailings are established by the case manager in accordance with NAVCAMPRO and DOL OWCP regulations. Under the ongoing response category, the case manager initiates, reviews, and updates all record-keeping aspects of each occupational injury case; the case manager is responsible for providing DOL OWCP with required reports. The case manager monitors return-to-work plans and ongoing medical care. Other endeavors include participation in mandatory job placement, job search, outplacement, and rehabilitation efforts. For disabled employees identified by the DOL OWCP, the case manager dedicates at least three days per month to their return-to-work plans and to active participation in Create-A-Returned-Employee (CARE) program as well as in rehabilitation plans for compensation claimants. The case manager receives training from the DOL OWCP as well as at the command which centers on NAVCAMPRO training in effective case management.

Each of the case manager's major initial responsibilities are described as follows:

**Case Manager**  
**MAJOR RESPONSIBILITIES:**  
**Initial Response**

- **Coordination of Key Roles**
- **"Green Table" Reviews**
- **Specification of Time Elements**
- **Record-keeping Responsibilities**
- **Performance of Initial Action**

a. Coordination of Key Roles. To ensure the effective management of occupational and injury cases, the case manager creates communication lines with all of the other key participants: injured employee, attending physician, occupational health nurse, medical liaison, physical therapist, safety officer, supervisors and superintendents, light-duty supervisor, DOL OWCP personnel, security investigator, and private physicians. "Green table" reviews are conducted on a weekly basis to assess and resolve occupationally related cases, both current and long term. These sessions are attended by no fewer than the three participants of case manager, attending physician, and safety officer. The most important reason for conducting these reviews is to ensure involvement of all key participants in the return-to-work process, whether for an injured employee who has been off work for two days or one who has not worked for two years.

b. Time Specifications. Time is of the essence in managing occupational injury and illness cases. The most important time element centers on the date of the return to work, especially the goal of resumption of regular work or an immediate assignment to light duty. All cases must have a specified return-to-work date--an entry of "indefinite" is unacceptable. If no date is recorded, the attending physician is contacted for a correction of the omission. The second most important driving force in an occupational injury case is the the duration of the case, which should not exceed the 45-day continuation-of-pay time frame. The closure of cases with a return to work

before the end of the 45-day continuation-of-pay period constitutes the most crucial objective in NAVCAMPRO. If the case has not been closed by that time, control of the case is assumed by the DOL OWCP. The case manager establishes contact with the injured employee as well as other key participants in order to expedite the required steps to close the case before the end of the 45-day deadline. All other dates conform to those specified in NAVCAMPRO instructions and DOL OWCP regulations, and they assume the role of targeted primacy in NAVCAMPRO.

c. Record-keeping Responsibilities and Initial Action. When the supervisor notifies the case manager of an occupational injury or illness, a brief discussion ensues during which the key issues of the injury are discussed: seriousness of the injury, potential medical costs and time lost from work, possibility of controversion, and projected date of return to work. The case manager, in turn, contacts the timekeeper to authorize continuation of pay or to record the type of leave chosen by the injured employee. Upon receipt of the CA-1, CA-20 (or CA-16), and CA-17 forms from the health clinic, the case manager verifies the data entered by the medical liaison on the injured employee's master computerized record with the information on the hard copies. The case manager highlights all of the important dates (date of injury, date of return to light duty or regular work, dates of appointments, etc.). All CA and HCFA 1500 forms are reviewed for accuracy and completeness, and requests to the appropriate individuals are made for clarification or missing information. A standardized form letter is used in requesting further information. The data entered on these records can be extracted for the required command and DOL OWCP reports.

The specifications for the case manager's ongoing responses are as follows:

***Case Manager***  
***MAJOR RESPONSIBILITIES:***  
***Ongoing Response***

- ***Claims Forms Management***
- ***Monitor of Return-to-work Plan***
- ***Monitor of Ongoing Care***
- ***Creation of Standardized Forms***



d. Claims Forms Management. The case manager mails the CA-1 and CA-20 (or CA-16) to the DOL OWCP within 10 days of accidental injury notification. To expedite filings and reduce paperwork, many commands are submitting these two forms and physician billings (and HCFA 1500 form) at the same time. All cases that involve either lost work time or medical expenses are to be reported to the DOL OWCP; a recent ruling stipulates that a filing also is required for first-aid cases in which no medical or lost time costs are incurred and one or more medical visits occur after the date of injury. As needed, the Safety Office provides evidence in cases involving hazardous conditions. If the case suggests the likelihood of controversion, data are gathered in support of the controversion process. All work absences related to an occupational injury must be supported by medical evidence such as that recorded on the CA-20 (or CA-16) form, which is submitted immediately by the injured worker or the medical liaison to the Compensation Office. If the injured worker receives care from a private physician and fails to provide medical care evidence within 10 days, continuation of pay will be terminated. Each scheduled physician visit requires the completion of a duty status report or a CA-17, also to be forwarded to the Compensation Office. The case manager reviews all medical reports and statements from private physicians and facilities to identify any instances of overcharging. If an injured employee insists on receiving treatment from a private physician, he or she is informed that the choice of a local physician or other health care provider who has been disbarred from the FECA program will not be authorized.

e. Return-to-work Plan. Return-to-work dates, light and/or regular duty, must be specified on the CA-20 (or CA-16); these dates are entered in the injured employee's master record. If the injured employee has not returned to work by the date indicated on the CA-20 (or CA-16), he or she receives a telephone inquiry from the case manager. With updated information from the duty status reports, the dates are changed on the master record. If the time period of the disability seems excessive for the type of injury incurred, the case manager discusses the case with the attending physician. The case manager remains alert to any indications that the injured employee is manifesting symptoms of delayed recovery syndrome. This disorder is denoted in cases in which an injury has occurred, and sufficient time has passed to enable a satisfactory recovery. There seems to be no physical reason for the delayed recovery, and yet the employee has not returned to work.

f. Ongoing Care. The case manager notes the dates of each medical appointment and collects the duty status reports or CA-17, which are added to the master record, both computerized and hard copy. If records show that an appointment was missed, the case manager contacts the injured employee and requests an explanation and a rescheduling of the appointment at the clinic through the medical liaison's office. The case manager verifies the appointment by telephoning the medical liaison.

g. Creation of Standardized Forms Frequently Used. A collection of standard forms is developed and computerized for frequent reproduction. Checklists are used for each record and as a form letter for mailings to the DOL OWCP. Examples of form letters include the employment offer notice to be mailed to the DOL OWCP as well as the employee's job offer, which highlights the duties of the job, physical requirements and unusual working conditions, pay, location of job, date of job availability, and deadline for responding. Other examples include the injured employee's medical information release form as well as the cover letter and completed Certificate of Medical Examination for the packet presented to the private physician (See Appendix E for examples).

Continuing endeavors of the case manager are summarized in the following activities:

***Case Manager  
MAJOR RESPONSIBILITIES:  
Continuing Endeavors***

- ***Mandatory Job Placement, Job Search, and Outplacement***
- ***Create-A-Returned-Employee (Care) Program***
- ***Rehabilitation***

h. Mandatory Job Placement, Job Search, and Outplacement. Another role of the case manager is to work with supervisors and the Personnel Department in efforts to identify jobs suitable for injured employees and compensation claimants. An effective means of creating positions for injured and medically restricted workers is through a mandatory job placement program. Before the Personnel Department advertises a vacant position, for example, the case manager receives notification of the job in order to prepare an offer for an injured or medically restricted employee. Using a standard form letter, the injured employee receives a written offer as soon as a position is found, which also is affirmed with a telephone call. The job search and outplacement programs are designed to find job and placement opportunities in private industry and other commands. One source to explore is the Associate Director for Career Entry, OPM, Washington, D.C. 20415.

i. Create-A-Returned-Employee (CARE) Program. An incentive program is instituted as a means of rewarding case managers for their efforts in rehiring compensation claimants who are receiving payments through the DOL OWCP. This program is titled Create A Returned Employee or CARE and is designed to rehire eligible injured workers. The case manager reviews cases at the DOL OWCP at least three days per month in order to identify compensation claimants suitable for participation in the CARE program. Criteria used to select the most likely candidates for the CARE program include: nature of the injury, degree of physical impairment, usual employment, age of the individual, and all other qualifications for employment. Cases also are examined for such information as inaccurate dependent information, out-of-date medical evidence, other employment records, and partial recovery statements. There are two types of injured employees who participate in CARE: the compensation claimant and the disabled employee who has not yet applied for compensation. For the return to work of a specified number of compensation claimants, a sustained performance and monetary award will be presented as a reward for the case manager's efforts. The second part of the CARE program is the reduction in the number of injured workers who otherwise would become claimants added to the periodic rolls. For a specified high percentage of injured employees who do not become compensation claimants, the case manager receives a sustained performance and monetary award. If all injured employees during a six-month period are returned to work, special recognition of the case manager will be made by the local commander.

j. Rehabilitation Program. For injured workers and compensation claimants who might best be served through the development of a new career, a rehabilitation program should be initiated. Before the DOL OWCP is contacted, however, the case manager confers with the attending physician about the case and the feasibility of establishing the injured individual's physical limitations and restrictions. The case manager also meets with specialists in the Personnel Office to identify command positions that may be available at present or in the future. All job opportunities are considered, including those that require training and some physical demands. A library of training programs offered in the community or through government course work is maintained in the Personnel Office. The DOL OWCP rehabilitation specialists and contract counselors also provide rehabilitation assistance in identifying jobs that partially disabled claimants can perform. Their contributions to the rehabilitation process, however, typically occurs after a year or more of compensation when the probability of returning a claimant to work is significantly reduced.

3. Attending Physician. The major responsibilities of the attending physician also are subsumed under the three categories of initial response, ongoing response, and continuing endeavors. Of greatest importance, the clinic attending physician is responsible for every case of occupational illness or injury that requires medical care; each case of occupational injury or illness in the command is processed through the clinic. Clinic health care providers, which include the attending physician, occupational health nurse, physician's assistant, and physical therapist, perform the needed medical care at the clinic, except in cases necessitating a specialist's care or emergency treatment. Medical care includes all initial care, ongoing care, and physical therapy sessions. The attending physician establishes the extent of impairment and the dates of the return to light or regular duty; this information is recorded on such forms as the CA-20, CA-17, and the Limited-duty Memorandum (Appendix C). As noted above, the return-to-work date is the most critical date recorded in NAVCAMPRO. The attending physician participates in weekly "green table" reviews in which both new and old occupational injury and illness cases are discussed. Medical records of compensation claimants and permanent light-duty cases are reviewed by the attending physician to identify individuals who should be examined and a disposition recorded.

The attending physician contributes to the command's prevention, intervention, and wellness programs. The work-hardening program for the returning injured employee is prescribed by the attending physician, developed by the physical therapist, and monitored by the supervisor. The attending physician or the occupational health nurse confers with specialists or other private physicians as needed to monitor a case. The attending physician also oversees or performs pre-employment, surveillance, certification, termination, and return-to-work examinations and establishes physical standards for command occupations. The attending physician conducts examinations on compensation claimants and makes recommendations to the case manager on prognosis, wage-earning capacity, and other results. The attending physician receives a NAVCAMPRO training course which details all of the responsibilities in occupational injury and illness case management.

The initial response specifications for the attending physician are outlined as follows:

***Attending Physician  
MAJOR RESPONSIBILITIES:  
Initial Response***

- ***Performance of Initial Care***
- ***Establishment of Return-to-work Plan***
- ***Claims Forms Completion (e.g., CA-20/CA-17)***
- ***Determination of Work Restrictions***

a. **Initial Care.** For the most serious occupational injuries or illnesses or lost time cases, the attending physician performs the initial and ongoing care as well as the return-to-work examination. The attending physician counsels the injured employee that medical care can be provided at the health clinic for cases that do not require a specialist's treatment. If required, specialized care will be prescribed by the clinic attending physician at a facility with more extensive medical care capability (e.g.,

surgery for a severed nerve). By promoting and providing treatment at the health clinic, the amount of lost time is reduced to a minimum, and costs are saved that would have been incurred for medical care by a private physician. After administering the initial care, the attending physician prescribes subsequent therapy at the clinic and/or with the onsite physical therapist.

b. Return-to-work Plan. Very few injured employees are unable to return to some type of work, especially with the advent of light-duty positions in almost all commands. During the first appointment, the physician outlines a specific course of therapy and establishes a return-to-work date for both light and regular duty. At the second and subsequent appointments, the attending physician reaffirms or revises the extent of total and partial disability as well as plans for return-to-light and regular work. If a discrepancy is noted between the attending physician's and a specialist's dates of return to work, a discussion is initiated with the private physician to determine an agreeable date of return. The importance of specifying and adhering to a return-to-work date cannot be emphasized strongly enough.

c. Claims Forms Completion. Return-to-work dates as well as all medical and accident information are entered on the CA-20, which is transmitted electronically, and a hard copy is forwarded, to the case manager (via the medical liaison). This form is a required document to be forwarded to the DOL OWCP by the case manager. Space on the form is allocated for both the light and regular return-to-work dates. The attending physician has full responsibility for determining the level of impairment of the injured employee and indicates that on the CA-17 and/or Limited-duty Memorandum (Appendix D), forms that also request specific information on the medical limitations and restrictions of the injured employee. Prior to the physician's completion of this form, the supervisor has responded to the items describing the physical requirements of the injured employee's job. Copies of these forms are forwarded to the supervisor, case manager, and light-duty supervisor.

Included in the category of ongoing activities are the following specifications for the attending physician:

**Attending Physician  
MAJOR RESPONSIBILITIES:**

**Ongoing Response**

- **Performance of Ongoing Care**
- **"Green Table" Reviews**
- **Review of Medical Records**
- **Establishment of Wage-earning Capacity**
- **Impairment, Physical Limitations, and Delayed Recovery Syndrome**

d. Ongoing Care. The attending physician assumes responsibility for monitoring the medical care and recovery of all injured employees; as stated, the attending physician oversees all occupational injury and illness cases at the clinic. While reducing medical costs by performing the treatment at the command's health clinic and prescribing onsite physical therapy, the attending physician also is encouraging the injured employee to maintain ties with the command, which should help to sustain a positive attitude toward the work environment. With each appointment, the attending physician updates or reaffirms the previously stated physical limitations and the return-to-work dates on the appropriate forms. Before returning to work, whether in a light- or regular-duty position, the injured employee is examined by the attending physician. The attending physician participates with the physical therapist and supervisor in the development of a work-hardening program for the returning injured employee to ensure a safe re-entry to the workplace.

e. "Green Table" and Medical Report Reviews. Participating in "green table" review sessions is another major responsibility of the attending physician who may delegate that role to the occupational health nurse or both may attend. Although new injury cases typically are discussed, older and long-term cases also are examined in an attempt to identify suitable candidates for rehire or a rehabilitation program. With

regard to long-term cases, the case manager selects those with the greatest likelihood of being removed from the DOL OWCP and permanent light-duty rolls. The attending physician reviews these cases and identifies individuals who should be contacted with a request to report to the health clinic for an examination.

f. Wage-earning Capacity. The steps involved in establishing wage-earning capacity require that the attending physician obtain information on physical restrictions or limitations, number of hours a day the compensation claimant can work, work experience history, education, and training. This information is provided to the DOL OWCP to enable the claims examiners and rehabilitation specialists to proceed in identifying various types of jobs that could be performed by the compensation claimant. After determining the availability of jobs selected and wages earned in the previously held job, a new wage-earning capacity is computed. The attending physician reviews the job selected in terms of the claimant's restrictions and background.

g. Impairment, Physical Limitations, and Delayed Recovery Syndrome. The attending physician performs the examinations on selected cases of occupational injury or illness and prepares a report on the extent of impairment and types of physical limitations. If this information indicates that the injured employee is unable to return to work in his or her regular position, the attending physician and injured employee discuss the feasibility of changing to a modified version of the previously held job or to a new position. At the same time, the attending physician in concert with the case manager also is concerned that the injured employee may be manifesting symptoms of delayed recovery syndrome. If such symptoms are observed, the attending physician counsels the employee and/or prescribes more specialized therapy with the command's employee assistance program specialist or a private therapist. Also to be discussed with the employee, and later with the supervisor, are such factors as the impact of job dissatisfaction and working conditions on the employee's course of recovery.



The attending physician also engages in the following continuing endeavors:

**Attending Physician  
MAJOR RESPONSIBILITIES:  
Continuing Endeavors**

- ***Prescription of Physical Therapy***
- ***Coordination of Work-hardening Program***
- ***Prevention, Intervention, and Wellness Programs***
- ***Establishment of Physical Standards***
- ***Performance of Surveillance and Return-to-work Examinations***
- ***Rehabilitation***

h. Physical Therapy and Work-hardening Programs. The attending physician and physical therapist work closely in developing effective programs for the treatment of occupational injuries. Having an onsite physical therapist available has been shown to be cost effective for large commands in terms of savings of lost time and offsite treatment charges. In addition, the physical therapy and work-hardening programs communicate to employees that the command is concerned about their well-being and job satisfaction.

i. Prevention, Intervention, and Wellness Programs. Clinic personnel participate in the development of health-related and promotion programs, but the coordination and implementation typically originate in the Industrial Relations Office. Examples of programs offered to employees include smoking prevention and cessation, nutrition, back injury prevention (in cooperation with the safety officer), physical fitness, drug and alcohol abuse education, AIDS education, and work hardening for occupational- and nonoccupationally related injuries. The rationale for promoting such programs is that many health-related problems have an adverse impact on productivity, absenteeism, and labor and compensation costs. For example, alcohol and drug abuse in relation to productivity losses totaled 30.1 billion dollars in the U.S.A.

during the mid-1980s which reflected a 16-fold higher absenteeism rate and a 400% greater accident rate than those reported for a nonabusing employed population.

j. Physical Standards and Examinations. In order to meet the health care needs of employees in the work force, the attending physician learns about all command jobs by collaborating with supervisors in establishing physical standards and occupational qualifications. With this information, the attending physician can more effectively prescribe treatment and assign work duties for injured employees. Other attending physician tasks include the performance of pre-employment, surveillance (e.g., asbestos and hearing tests), certification, and termination examinations on employees.

k. Rehabilitation. For those cases in which no positions are available to accommodate the injured worker with his or her physical limitations and skills, the attending physician recommends to the case manager that rehabilitation efforts be initiated. Although rehabilitation endeavors are the purview of the DOL OWCP, a more expeditious avenue may be to initiate such a program through the command before control of the case has been transferred to the DOL OWCP.

4. Occupational Health Nurse. The categories of major responsibilities for the occupational health nurse include initial care, initial claims response, and ongoing response. The initial care activities are as follows:

***Occupational Health Nurse  
MAJOR RESPONSIBILITIES:***

***Initial Care***

- ***Assessment of Occupational Illness or Injury***
- ***Determination of Treatment Required***
- ***Provision of Treatment***
- ***Assistance to Attending Physician for Physician-required Injuries***
- ***Provision of Health Care Instructions to Injured Employees***
- ***Preparation of Requests for Tests, Medications, Equipment, etc.***

**Initial Care.** Under the initial care category, the first health care provider to interact with the injured employee is the occupational health nurse at the command health clinic. This individual assesses the injury and determines the type of treatment required and who should perform it. In order to contain costs and retain control of occupational injury and illness cases, the occupational health nurse actively encourages injured employees to receive treatment at the command health clinic. For cases of a minor or first-aid injury, in particular, the occupational health nurse treats the injured employee who then returns to the worksite. Assignment of the other cases is based on the type of injury and who is most appropriately suited to perform the treatment: physician's assistant, occupational health nurse, or attending physician. The individual selected is assigned to the case to provide the medical care and monitor the recovery process until the injured employee returns to work. If needed, the occupational health nurse assists the attending physician in the treatment process. Before the injured employee leaves the clinic, the occupational health nurse answers any questions and discusses the care that should be taken to promote recovery. The occupational health nurse also prepares all requests for tests, medications, and other prescriptions.

Under the category of initial claims response, the occupational health nurse performs the following activities:

***Occupational Health Nurse  
MAJOR RESPONSIBILITIES:  
Initial Claims Response***

- ***Documentation of Injury Circumstances on SF600 and Other Forms***
- ***Review of CA-20/CA-17 Forms***
- ***Submission of Forms to Medical Liaison***

**Initial Claims Response.** The occupational health nurse assumes responsibility for compiling and maintaining the health clinic records for each case of occupational injury or illness. In addition to taking an extensive medical history from the patient,

the occupational health nurse documents on the SF600 and other forms the circumstances of the injury, including the time, location, body part(s), etc. This information is forwarded to the case manager and safety officer if clarification of their collected data is needed. The information provided on the CA-20 and CA-17 forms is reviewed before these forms are sent to the medical liaison and case manager.

Other activities are summarized as ongoing endeavors:

***Occupational Health Nurse  
MAJOR RESPONSIBILITIES:  
Ongoing Endeavors***

- Participation in "Green Table" Reviews***
- Discussion of Case with Supervisor ,  
Case Manager, and Private Physician***
- Participation in Prevention, Intervention,  
and Wellness Programs***

Ongoing Endeavors. Many of the responsibilities outlined above for the attending physician can be assumed by the occupational health nurse. These include participation in "green table" reviews during which new and older cases of occupational illness and injury are discussed. Information from the clinic health records can be used as evidence in support of a recommended plan of action by the reviewing committee for cases being considered for rehire or rehabilitation. Another activity perhaps better suited for the occupational health nurse than the attending physician is that of monitoring the progress of a case by contacting the specialists or private health care providers who are treating the injured employee. Telephoning these health care providers on a regular basis may engender a speedier recovery of the injury; requests for medical records or detailed medical documentation frequently enhances the recovery process. Another important role of the occupational health nurse is participating in or contributing to the command's prevention, intervention, and wellness programs.

5. Health Clinic Liaison. The major responsibilities of the medical liaison include completion of DOL OWCP claims forms, arrangement of appointments at the health clinic and in the private sector, and data entry. The preparation of reports for the DOL OWCP also may be assigned to the medical liaison.

The following summarizes the role of the health clinic liaison:

***Health Clinic Liaison***  
***MAJOR RESPONSIBILITIES:***

- ***CA-1/CA-2 Completion***
- ***Offsite Medical Care Arrangements***
- ***Medical Care Appointment Schedule***
- ***CA-20/CA-16 /CA-17 Completion***
- ***Data Entry of Obtained Information***

a. CA-1 or CA-2 Completion. The major responsibilities of the medical liaison center on the accuracy and completeness of the CA-1 and CA-2 forms. The injured employee completes and signs the CA-1 (or CA-2) form in the medical liaison's office at the health clinic. The medical liaison discusses with injured employees their role in the recovery process and the importance of a rapid return to work. Injured employees, for example, learn the definitions of such terms as "strict bed rest" and "bed rest." The supervisor telephones and dictates to the medical liaison the information that has been collected on the circumstances of the accident. After the CA-1 has been signed by the injured employee and the supervisor's input has been transcribed, it is delivered to the supervisor for approval, signature, and witnesses' information and signatures. The medical liaison enters all of this CA-1 (or CA-2) information onto a master computerized record for each case of occupational injury or illness.

b. Appointment Scheduling and Data Entry. If offsite treatment is authorized by the attending physician, the medical liaison arranges an appointment and transportation to the DOL OWCP-approved facility. A packet is provided of the necessary CA-16

form, a Certificate of Medical Examination which describes a generic light-duty position, CA-17 or Limited-duty Memorandum, Form HCFA 1500, and a medical information release form (Appendix F). The medical liaison specifies the times and dates of the return of these forms and schedules a return appointment, no later than three days hence with the attending physician. The procedure to be followed for claims filing and appointment scheduling is discussed in detail with the injured employee. Dates are specified when medical reports are to be received, and follow-up telephone calls are immediately made by the medical liaison in the event of a missed deadline. The medical liaison or an injured employee assigned to light duty at the health clinic also schedules and notifies employees of surveillance and certification physical examinations. The medical liaison forwards all medical reports from the clinic or private physician's office to the Compensation Office.

6. Light-duty Supervisor. The command assigns an individual to serve as light-duty supervisor to coordinate a light-duty program. Each supervisor notifies the light-duty supervisor of any tasks that could be performed by injured employees who are temporarily unable to return to their regular work. A light-duty or transitional job enables the injured employee to remain a part of the work force during the recovery process and to receive the benefits of continuing support from his or her coworkers. An example of a light-duty position is to assign an injured employee to schedule health clinic appointments and contact supervisors of the dates for employees' surveillance and certification examinations. Many light-duty supervisors have become quite creative in expanding the numbers and types of positions available for injured employees, even including the recommendation to perform all janitorial services and light maintenance work at the command. For injured employees who can return to light-duty work, a Limited-duty Memorandum or CA-17, which specifies the medical limitations and restrictions of the injured employee, is completed by the attending physician and sent to the supervisor and the light-duty supervisor. The light-duty supervisor monitors the return-to-work plan and dates of medical appointments.

7. Safety Officer. The major responsibilities for the safety officer are subsumed under the categories of initial response, ongoing response, and continuing endeavors.

The safety officer's activities outlined under initial response are as follows:

***Safety Officer***  
***MAJOR RESPONSIBILITIES:***  
***Initial Response***

- ***Accident and Injury Investigations***
- ***Preparation of Accident and Other Reports***

A major responsibility of the safety officer is to investigate each accident and prepare the necessary reports. All accidents involve the completion of reports not only for command informational purposes but also to meet official OSH requirements.

For ongoing response, the activities are as follows:

***Safety Officer***  
***MAJOR RESPONSIBILITIES:***  
***Ongoing Response***

- ***"Green Table" Reviews***
- ***Surveys of Worksites***
- ***Daily "Flex and Stretch" Exercises***

One of the key participants in the "green table" reviews is the safety officer who provides information on each case from the safety perspective. Another important responsibility of the safety officer is to survey continuously work areas in the command to identify high risk areas or circumstances under which accidents occur. Using these surveillance techniques, many accidents will be prevented. Also, it is important for the safety officer to conduct daily "flex and stretch" exercises in order to serve as a role model for injury prevention throughout the command.

A summary of continuing endeavors for the safety officer includes:

**Safety Officer**  
**MAJOR RESPONSIBILITIES:**  
**Continuing Endeavors**

- **Safety Programs for New Employees/ Supervisors**
- **Ongoing Safety Programs and Information for Employees**
- **Supervisors' Training on "How to Lift"**
- **Preparation of Command Safety Newsletter and Bulletins**
- **Presentation of Safety Awards**

Another major responsibility of the safety officer is to provide training programs for new supervisors and employees. Also, to control losses, not only in time away from work but also in injury compensation, equipment damage, and human suffering costs, the safety officer creates safety programs which are presented to employees or to supervisors for transmittal to their employees. The safety officer works with the health care provider in developing safety and health promotion programs of mutual concern. For the implementation of the Loss Control Program, the safety officer trains supervisors in conducting such programs as "Flex and Stretch" and "How to Lift." He or she also prepares biweekly communications (e.g., safety newsletters and bulletins) on hazards and safety issues and provides materials for twice-monthly supervisors' safety programs. The safety officer also assists in the presentation and publicity of safety awards.

8. **Physical Therapist.** A physical therapist is assigned to the clinic at each heavy industrial command. Onsite physical therapy sessions are scheduled, such as hot-pack applications for injured employees. These hot-pack applications are freely prescribed and provided to employees. If any scheduling problems arise, the medical liaison is notified to rectify the situation and reschedule appointments. In conjunction with the



attending physician, the physical therapist develops a work-hardening program for the returning injured employee and coordinates its implementation with the supervisor. This program is designed to reduce the incidence of recurrences of the injury, especially strains and sprains.

9. Security Officer. Services of the security officer or investigator are provided for cases of occupational injury or illness suspected of being fraudulent. Complicated cases that are in the process of controversion also may require the assistance of a security investigator. If information is needed in support of possible litigation, the security officer collects it.

10. DOL OWCP. The DOL OWCP assumes control of all occupational injury and illness cases after termination of the 45-day period of continuation of pay. Because of this transfer of control to the DOL OWCP, all efforts must be expended to return the injured employee to light or regular work, create a new job, initiate a rehabilitation program, or close the case with whatever means remain before the end of that six-week period. The well-being and self-esteem of the compensation claimant, moreover, usually are not enhanced by the transfer of case control away from the home command. Another important reason for this urgency is that the command continues to pay all disability costs while compensation claimants are on the DOL OWCP rolls. Without an effective case management process, these payments can extend into decades of time. Lengthy delays also have been reported for cases that were assigned to rehabilitation programs at the DOL OWCP.

11. Private Physicians. Physicians in the private sector receive training video cassettes that have been designed to ensure that they learn about command worksites (e.g., the hull of a ship at a naval shipyard), types of work performed in command occupations (e.g., welders or shipfitters), types of injuries or illnesses unique to the worksite, light-duty opportunities, FECA regulations (e.g., a \$10,000. fine can be imposed on an individual who knowingly files a false report), information needed to complete the requested DOL OWCP and other forms, and wellness programs of the command. The video cassettes are readily available to all physicians in the private sector.

12. Injured Employee. All employees have a responsibility to remain in good health, attend safety training, and adhere to safety regulations and practices. If injured, the injured employee also is responsible for promoting a rapid recovery and return to work (Appendix A). The command, on the other hand, has an obligation to provide care and to honor the injured employee's re-employment rights for at least 12 months from the date of injury. To receive continuation of pay, the injured employee assumes responsibility for informing his or her supervisor of the injury, obtaining medical treatment, and providing written medical evidence of the occupationally related injury within 10 days. When recovered, the injured employee has an obligation to resume federal employment whether in a light-duty or regular position. Injured employees discuss their physical limitations and job offers with the attending physician and inform their supervisors of the outcome of these discussions. Injured employees learn that they are required to accept any reasonable offer of suitable light or limited duty and cooperate in this endeavor to be placed or rehired. Partially disabled employees know that they must seek and/or cannot refuse suitable employment without losing further compensation. If permanently disabled, which is defined as the loss of the use of both hands, feet, legs, or eyesight, injured employees must comply with command or DOL OWCP vocational rehabilitation endeavors.

13. Labor Organizations. In this era of charge-backs for medical care and compensation costs, it is critically important to notify representatives of the local labor unions that cooperation is sought to help reduce these costs. One important cost containment endeavor encompasses full utilization of the command's health clinic. If the command has determined that a health clinic is needed for the care of employees, members must be encouraged to select the clinic as their primary source of medical care for an occupational injury or illness. Local commanders or appointed representatives schedule a meeting with union officials to discuss this important cost containment endeavor directly related to the economic survival of the command.

B. Training Program Development. As important as is the delineation of these role specifications, NAVCAMPRO or the Process also encompasses the development and implementation of training programs for each participant. The implementation of these training programs is the most important phase of this project. Completion of the training programs by each participant will ensure the full integration of case

management specifications for all cases of occupational injury and illness. Participation in the Create-A-Returned-Employee (CARE) Program also provides an additional incentive for case managers to return injured or disabled employees to the workplace.

### III. IMPLEMENTATION OF THE PROCESS

A. Identification of Implementation Site. The first phase of the Implementation centers on the identification of one or more suitable commands interested in having all of the aforementioned specified individuals actively participate in NAVCAMPRO implementation. The key issue is ensuring that all of the individuals work together to integrate fully NAVCAMPRO in the command.

B. Training Programs. The second phase involves the development and implementation of all of the training programs for the key participants: line supervisor, case manager, attending physician, occupational health nurse, health clinic liaison, safety officer, private physicians, and injured employee.

C. Documentation of the Process. Third, after training has been completed, NAVCAMPRO is implemented. A computerized (tickler) process and hard-copy specifications are provided.

### IV. EVALUATION OF THE PROCESS

A. Research Design. The Evaluation consists of a research project to evaluate the effectiveness of NAVCAMPRO in fulfilling the criteria of care coordination, case management, and cost containment. Examples of several selected comparative analyses to be conducted as the basis for meeting those criteria include:

1. Comparisons of numbers of cases seen at the command health clinic and by private physicians before and after NAVCAMPRO implementation.
2. Comparisons of numbers of days lost from work per case both before and after implementation.

3. Comparisons of numbers of days recorded from the date of injury to date of case closure before and after implementation.
4. Comparisons of numbers of injured individuals returned to light duty and numbers of injured individuals returned to regular work before and after implementation.
5. Comparisons of numbers of injured employees not returned to work within 45 days before and after implementation. For these employees, rank orderings of the types of injuries are compiled.
6. Comparisons of costs of medical care, continuation of pay, and compensation before and after implementation.
7. Comparisons of numbers of disabled cases returned to work and numbers of disabled cases rehabilitated before and after implementation.
8. Comparisons of numbers of HIRE participants in the workplace before and after implementation and numbers of CARE participants in the workplace.

B. Conclusions and Recommendations. On the basis of the results of the Evaluation, the final phase of this project is dedicated to the compilation of recommendations for continuation or discontinuation of, as well as improvements to, NAVCAMPRO or the Process.

## Appendix A

### WORKERS' COMPENSATION INFORMATION SHEET

#### MEMORANDUM

From: Compensation Office  
To:

Subj: EMPLOYEE'S RIGHTS AND RESPONSIBILITIES FOR A WORK-RELATED INJURY

1. If you become injured on the job, you must immediately inform your supervisor of the injury. The supervisor will contact the command health clinic to arrange for immediate care, either at the clinic or at an emergency care facility. The health care provider at the clinic will examine the injury and recommend the type of treatment required. Although you have the right to select one private physician for the treatment of your injury, you are encouraged to select your health care provider at the health clinic. If you select a private physician, you will still have at least the initial examination and a return-to-work examination at the clinic. The health clinic care provider will determine when you can return to work. You will complete and sign a CA-1 in the health clinic liaison's office.
2. If a private physician is selected, authorization for such treatment will be granted by the clinic attending physician. The health clinic liaison telephones the private physician for an appointment; explains the procedure for filing FECA claims; provides you with a CA-16 form, CA-17 form, Duty Status Report, HCFA 1500 form, and an envelope for mailing; and arranges for transportation to the physician. If you are hospitalized or unable to work, it is your responsibility to notify immediately your supervisor of your address and telephone number. If you remain off work and the medical evidence is not received within 10 working days, your continuation of pay will be terminated. When your physician states that you are able to work, either in your present or a light-duty job, you are **OBLIGATED TO RETURN TO WORK**. The command will provide work that is compatible with the work restrictions caused by the injury.
3. You are expected to comply with your physician's instructions in order to expedite your recovery. The term "bed rest" is defined as rest at home and "strict bed rest" means bed rest with bathroom and eating privileges only. Neither of these classifications includes trips, fishing, hunting, etc. All medical appointments must be kept, and the Compensation Office must be contacted after each appointment to advise of your duty status.

#### AUTHORIZATION TO RELEASE MEDICAL INFORMATION/RECORDS

By my signature below, I authorize the release of my medical records for the condition(s) I have claimed as related to my employment. The records are to be released to the following address:

The records of all doctors, hospitals, therapists, and other practitioners are hereby authorized to be released. This statement shall be sufficient to permit the release of the records.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix B

<b>PNSY ACCIDENT REPORT</b> PHILANSY - 5102/1 (REV 1-84)			
FROM:		DATE	
TO: (PROD SUPT /SENIOR CIVILIAN SUPERVISOR)			
SUBJ JOB-RELATED INJURY OF _____		CHECK NO.	
<b>NOTE: THIS FORM IS TO BE FILLED OUT AND FORWARDED TO THE PRODUCTION SUPERINTENDENT/ SENIOR CIVILIAN SUPERVISOR BEFORE THE END OF THE SHIFT OF THE DAY OF THE INJURY</b>			
A EXTENT OF INJURY <input type="checkbox"/> SERIOUS <input type="checkbox"/> NON-SERIOUS		B DATE & TIME OF INJURY (MONTH & DAY)      (NAVY TIME)	
C SENT TO BRANCH CLINIC      (GIVE DATE AND NAVY TIME)			
D EXTENT OF INJURY      (DESCRIBE)			
E DISPOSITION			
RETURN TO <input type="checkbox"/> FULL DUTY      DATE <input type="checkbox"/> LIMITED DUTY      DATE <input type="checkbox"/> SENT HOME      DATE			
F WAS EMPLOYEE IN PERFORMANCE OF HIS/HER DUTY AT THE TIME OF THE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:			
G WAS INJURY CAUSED BY WILLFUL MISCONDUCT, INTOXICATION, INTENT TO HURT SELF/ANOTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN			
H WAS INJURY CAUSED BY THIRD PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN			
I WITNESSES: <div style="display: flex; justify-content: space-between;"><div>NAME _____</div><div>CHECK NO. _____</div></div> <div style="display: flex; justify-content: space-between;"><div>NAME _____</div><div>CHECK NO. _____</div></div>			
J DID ACCIDENT AGGRAVATE OLD INJURY OR OTHER PHYSICAL LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:			
K DID EMPLOYEE HAVE? EAR PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO HEAD PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO EYE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO FOOT PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO		L WAS EMPLOYEE WEARING? EAR PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO HEAD PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO EYE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO FOOT PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
M ASSIGNED JOB LOCATION (SHIP/BLDG /DD/PIER) _____		(COLUMN/ FRAME) _____ (DECK/LEVEL OR FLOOR) _____	
N ACTIVITY AT TIME OF ACCIDENT			
O CONTRIBUTING CAUSE OF ACCIDENT			
P DID SUPERVISOR INSPECT ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN			
Q COULD THIS ACCIDENT HAVE BEEN PREVENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN			
CORRECTIVE ACTION TAKEN/RECOMMENDED			
COPY DESIGNATION WHITE (PROD SUPT/SENIOR CIVILIAN SUPERVISOR PINK (CODE 106 2) YELLOW (CODE 165) AND GREEN (INITIAL SUPERVISOR).		REPORTING SUPERVISOR      (SIGNATURE)	

Appendix C

Date \_\_\_\_\_

From: Naval Medical Clinic, Portsmouth, NH

To: \_\_\_\_\_  
Shop

\_\_\_\_\_ was examined on the above date in  
Name \_\_\_\_\_

connection with \_\_\_\_\_  
and was found unable to perform the full duties of his/her trade but may return to  
work subject to the following conditions. These directions must be adhered to.

In an eight hour workday, the patient can:

Sit \_\_\_\_\_ hrs. Continuously \_\_\_\_\_ With rests \_\_\_\_\_  
Stand \_\_\_\_\_ hrs.  
Walk \_\_\_\_\_ hrs.

Lift up to \_\_\_\_\_ lbs. Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_ Continuously \_\_\_\_\_  
Carry up to \_\_\_\_\_ lbs. Occasionally \_\_\_\_\_ Frequently \_\_\_\_\_ Continuously \_\_\_\_\_

right  
No use of left hand for: grasping pushing pulling fine work

Restricted: (A) Completely (B) Partially with rests (C) Minimally

_____ ladders	_____ kneeling
_____ stairs	_____ crawling
_____ scaffolds	_____ repeated bending
_____ awkward/cramped positions	_____ confined spaces (i.e., tanks etc.)
_____ operating moving machinery	_____ bending
_____ operating motor vehicles	_____ overhead work (reaching, stretching)
_____ shoveling	_____ dust
_____ sweeping	_____ fumes
_____ painting/cleaning (custodial type)	_____ gases

Other restrictions: \_\_\_\_\_  
(Must be carefully described to assist supervisors in assigning work. Provide alternatives when possible, i.e. with respirator.)

Comments: \_\_\_\_\_

These restrictions are considered ( ) permanent ( ) temporary for \_\_\_\_\_ days \_\_\_\_\_ months.

Report to the clinic for a recheck on \_\_\_\_\_

Questions or comments can be referred to the Limited Duty Office, ext. 2049.  
Supervisors are encouraged to ask for specific clarification when necessary in order  
for them to make work assignments.

By direction \_\_\_\_\_

## **Appendix D**

### **Supervisor's Training Program**

#### **Video Cassette on "The Supervisor's Role in FECA, Case Management, Accident Investigation, and Controversion":**

- Training: Case and medical care management  
(e.g., learns how to describe on forms all aspects of the injury)
- Training: Accident investigation procedures  
(e.g., learns how to identify all specifics of the accident)
- Training: How to fill out CA-1/CA-2/CA-17 and accident/safety forms
- Training: Controversion techniques
- Training: Role in return-to-work plan and injured employee's responsibilities to return to work
- Training: Creating light duty and modified jobs for accommodating medical restrictions
- Training: Understanding mandatory placement
- Training: Total Quality Management--supervisory skills and support of noninjured and injured employees

#### **Video Cassette on "Loss Control--Prevention and Management of Occupational Injuries and Illnesses":**

- Training: "Flex and Stretch" and warm-up techniques
- Training: Minor first-aid procedures
- Training: Safety and wellness programs
- Training: Identification of ergonomic and hazardous conditions
- Training: Work-hardening programs for new, returning, and light duty employees
- Training: Loss control services (physical standards for jobs, surveillance physicals, qualification physicals)



## Appendix E

Dear Ms. or Mr.:

You are currently being considered for a position in Department \_\_\_\_\_, as a \_\_\_\_\_. A copy of the position description is attached for your review.

An interview has been scheduled for you on \_\_\_\_\_. Please report to the Personnel Office, located at \_\_\_\_\_.

The starting pay would be \_\_\_\_\_ per hour. Loss of wage-earning capacity would be requested from the Office of Workers' Compensation Programs for the difference between the hourly rate of pay you are entitled to and what you will be receiving from the command.

According to the work restriction evaluation form completed by Dr. \_\_\_\_\_ (copy attached) dated \_\_\_\_\_, you can work within medical restrictions.

The Office of Workers' Compensation Programs and the command have worked together to establish a rehabilitation placement program. This program ensures that injured workers are selectively placed in modified jobs, new jobs, or on the job training programs.

If you have any questions or if you cannot keep this appointment, please contact me as soon as possible at (\_\_\_\_) \_\_\_\_-\_\_\_\_\_.

Sincerely,

Photocopy: OWCP

MEMORANDUM

From:

To:

Subj: PROPOSED PLACEMENT DUE TO MEDICAL DISABILITY

1. In accordance with the medical information provided by your doctor, you are hereby offered the following position:

_____	GS-_____	\$_____
Title	Grade Step	Salary

2. If you decline this offer:

- a. The Office of Workers' Compensation Programs will be notified, and in all probability compensation will be terminated or reduced.
- b. If no other appropriate vacancy is identified that this command is actively recruiting, you may be officially removed from federal employment.

3. You have the option to apply for Disability Retirement if you have not already done so.

4. If you accept the offer:

- a. It will be considered a voluntary change to lower grade.
- b. The effective date of the change to lower grade action will be \_\_\_\_\_. Your first day of work in the above referenced position will be \_\_\_\_\_.
- c. Pay retention is authorized in accordance with Department of Defense policy. You will make \$\_\_\_\_\_ per hour and receive half of the amount of each comparability pay raise until the rate of pay of your assigned grade equals or exceeds \$\_\_\_\_\_ per hour.
- d. Loss of wage-earning capacity will be requested from the Office of Workers' Compensation Programs.
- e. The duties and physical requirements of this position are described in the attached position description.

You must complete and return the acceptance/declaration below to \_\_\_\_\_, by \_\_\_\_\_. Failure to complete the acceptance/declaration will be considered a declination and the action above will be initiated.

\_\_\_\_\_ I accept the position as a \_\_\_\_\_.

\_\_\_\_\_ I decline the position as a \_\_\_\_\_.

\_\_\_\_\_  
Signature and date

Photocopy: OWCP

MEMORANDUM

From:  
To:  
Via:

Subj: JOB SEARCH FOR

Ref: (a) Memorandum dated \_\_\_\_\_  
(b) Work Restrictions Evaluation \_\_\_\_\_  
(c) Position Description for a \_\_\_\_\_

1. Employee made contact with me and supplied the information needed to start a job search per instructions in reference (a).
2. Since the first medical placement procedure is to determine if the employee is able to perform the full duties of his/her position, I reviewed reference (b). Contact was made with \_\_\_\_\_ to obtain a copy of the physical requirements (SF-78) for this position description.
3. I reviewed reference (c). The work may require the employee to occasionally work aboard ships, and the typical work performed does not seem to require more than one hour of squatting, climbing, and kneeling.
4. From the evidence submitted, it does not appear that the employee is unable to perform the full duties of his position. Therefore, at this time a job search is inappropriate.
5. If you disagree with my decision, I recommend a request for medical evaluation performed by a qualified physician to make this determination. A copy of the SF-78 for \_\_\_\_\_ should be provided to the physician. If the physician finds the employee disabled for his (or her) job, forward this information to me and I will conduct the job search.

U.S. Department of Labor  
OWCP  
P.O. Box \_\_\_\_\_  
\_\_\_\_\_

re:  
:  
:

Dear Claims Examiner:

Please note the attached job offer.

Mr. (or Ms.) \_\_\_\_\_ has been on light duty since his/her injury. The physician has indicated that the restrictions are permanent. With the restrictions imposed by the physician, the employee cannot perform his regular job.

Effective \_\_\_\_\_, Mr. (or Ms.) \_\_\_\_\_ was reassigned to a GS-\_\_\_\_\_ position as a \_\_\_\_\_, making \$\_\_\_\_\_ per hour. On the date of injury, Mr. (or Ms.) \_\_\_\_\_ was a \_\_\_\_\_ making \$\_\_\_\_\_ per hour. A current \_\_\_\_\_ makes \$\_\_\_\_\_ per hour.

Please review the job offer, and if it is suitable, authorize LOSS OF WAGE-EARNING CAPACITY.

Sincerely,

## MEMORANDUM

From:

To:

Via:

Subj: MEDICAL PLACEMENT

Encl: (a) Application for employment, SF-171

1. Due to your physical limitations, your \_\_\_\_\_ has requested a medical placement job search to be initiated. An appointment has been scheduled to discuss placement on \_\_\_\_\_ at \_\_\_\_\_. Report to Building \_\_\_\_\_.
2. Enclosure (a) is to be completed by you. Bring this form with you when you come to the appointment.
3. If you cannot keep this appointment, or if you have any questions, please feel free to contact me at (\_\_\_\_) \_\_\_\_-\_\_\_\_\_.

re:  
A :  
DOI:

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Dr.

Mr. (or Ms.) \_\_\_\_\_ is being considered for a \_\_\_\_\_ position. A copy of the position description is attached for your review.

Physical requirements are:

Please complete the bottom of this letter and return it in the enclosed envelope.

Thank you for your cooperation.

Sincerely,

- \_\_\_\_\_ The patient can perform this job.
- \_\_\_\_\_ The patient can perform this job within the restrictions indicated on the attached Work Restriction Evaluation form.
- \_\_\_\_\_ The patient cannot perform this job currently. He/She will be able to perform this job on \_\_\_\_\_.
- \_\_\_\_\_ The patient is unable to perform any work within the near future (\_\_\_\_\_ years).
- \_\_\_\_\_ Other:

\_\_\_\_\_  
Dr.

Photocopy: OWCP

Claim #:

Mr. (or Ms.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Mr. (or Ms.) \_\_\_\_\_:

Our records show that you are currently receiving injury compensation benefits.

This command and the Office of Workers' Compensation Programs have worked together to establish a return-to-work program. This program ensures that injured workers are selectively placed in modified jobs, new jobs, or on-the-job training programs that are within their work restrictions.

In order to return you to your regular job or place you in a new job, we require updated medical information to determine the extent of continuing disability and/or ability to return to work.

Please provide this office with a report from your treating physician that gives your disability status and work restrictions. The report must be less than 6 months old. It is your responsibility to provide this information within the next 30 days. An envelope is attached for your convenience.

Under federal regulations, employees are required to cooperate in the proposed rehabilitation and/or possible return to work. If we do not hear from you within 30 days, your name will be forwarded to the Office of Workers' Compensation Programs (OWCP) for their action, which could result in a reduction or termination of compensation benefits.

If you are able to do some type of work, we will be contacting you in the near future regarding reemployment.

In the event you wish to consider disability retirement, please call \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_-\_\_\_\_ who will assist you with the process.

Sincerely,

Photocopy: OWCP

## Appendix F

Dear Dr. \_\_\_\_\_:

The employee named below has selected you and/or has been referred to you as his or her attending physician for treatment as a result of a reported occupational injury.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Type of Injury: \_\_\_\_\_  
Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

The attached CA-16 authorizes you to examine and treat this employee for the injury described above. A report of services rendered should be made by completing the enclosed forms. Your claim for payment must be made on the enclosed HCFA-1500. Claims for services rendered and all other completed forms must be forwarded to this command, which will be mailed to the Office of Workers' Compensation Programs (OWCP) District Office for consideration. OWCP is the final adjudicating authority for all injury and illness compensation claims; that Office will approve or disapprove payments for all medical benefits filed on the employee's behalf. It may take OWCP as long as six months to process payment for medical expenses. A medical release has been signed, as indicated below.

The command will provide light duty work assignments for every employee who sustains an on-the-job injury. This work assignment will be in accordance with your medical judgment as to the extent the employee may physically perform any type of work. The enclosed certification of medical examinations identifies the type of duties the employee will perform as a clerk if he or she is placed on restrictions. Please complete the enclosed CA-17 in order that we may establish appropriate work assignments.

If the employee is totally incapacitated for any type of work as a result of this injury, he or she must be scheduled for follow-up examinations/treatments and released for light-duty work as soon as possible. A CA-17 must be completed after each evaluation.

The Compensation Office is available to answer any questions and may be reached at \_\_\_\_\_.

Sincerely,

Enclosures

### RELEASE OF MEDICAL INFORMATION

I hereby give permission for my attending physician or any other medical facility at which I may be treated to release information regarding my medical condition to my place of employment.

\_\_\_\_\_  
Signature and date



## INSTRUCTIONS TO AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

### SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice.

If the employee elects to be treated by a private physician, a copy of the American Medical Association standard billing form (AMA OP 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

### PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

### FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

### DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which requires medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

### DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

### FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item 8. Check Box B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

### ADDITIONAL INFORMATION

- See 20 CFR 1 and/or Chapter 810, Federal Personnel Manual (FPM).

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Information for Physician – See Reverse Side

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## INFORMATION FOR PHYSICIAN

### YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

### USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accommodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

### REPORTS

- After examination, complete items 14 through 38, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA-17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

### RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

### BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500, or HCFA-1500). Each procedure must be identified, in Column 24 C of the form, by the applicable Current Procedural Terminology (4th edition) Code (CPT 4). A copy of the form may be supplied by the employee at the time treatment is sought.
- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

### TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN — either corporate or personal — which is used consistently on OWCP claims.

### ADDITIONAL INFORMATION

- Contact the OWCP Office shown in Item 12 of Part A.

**Please Remove These Instructions Before Submitting Your Report.**

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# Authorization For Examination And/Or Treatment

**U.S. Department of Labor**  
Employment Standards Administration  
Office of Workers' Compensation Programs

OMB No.: 1215-0103  
Expires: 09-30-88



The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

## PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employer's Name (Last, first, middle)

3. Date of Injury (Mo., day, yr.)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be due to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency Telephone Number:

11. Date (Mo., day, year)

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment

**U.S. DEPARTMENT OF LABOR**  
Employment Standards Administration  
Office of Workers' Compensation Programs

Department or Agency

Bureau or Office

Local Address (including Zip Code)

# **PART B - ATTENDING PHYSICIAN'S REPORT**

14. Employee's Name (Last, first, middle)

15. What History of Injury or Disease Did Employee Give You?

16. Is There Any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe)

☐ Yes ☐ No

17. What Are Your Findings? (Include results of X-rays, laboratory tests, etc.)

18. What Is Your Diagnosis?

19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt.)

☐ Yes ☐ No

20. Did Injury Require Hospitalization? ☐ Yes ☐ No

If yes, date of admission (Mo., day, year)

Date of discharge (Mo., day, year)

21. Is Additional Hospitalization Required?

☐ Yes ☐ No

22. Surgery, if any, describe type

23. Date Surgery Performed (Mo., day, year)

24. What (Other) Type of Treatment Did You Provide?

25. What Permanent Effects, if Any, Do You Anticipate?

26. Date of First Examination (Mo., day, year)

27. Date(s) of Treatment (Mo., day, year)

28. Date of Discharge From Treatment (Mo., day, year)

29. Period of Disability (Mo., day, year) (If termination date unknown, so indicate)

Total Disability From To  
Partial Disability From To

30. Is Employee Able to Resume

☐ Light Work Date:  
☐ Regular Work Date:

31. If Employee is Able to Resume Work, Has He/She Been Advised? ☐ Yes ☐ No If Yes, Furnish Date Advised

32. If Employee is Able to Resume Only Light Work, Indicate The Extent of Physical Limitations and the Type of Work That Could Reasonably be Performed with These Limitations.

33. General Remarks and Recommendations for Future Care, if Indicated. If You Have Made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.

34. Do You Specialize? ☐ Yes ☐ No (If yes, state specialty)

35. SIGNATURE OF PHYSICIAN. I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

36. Address (No., Street, City, State, ZIP Code).

37. Tax Identification Number

38. Date of Report

**MEDICAL BILL:** Charges for your services should be presented on the AMA standard "Health Insurance Claim Form" (AMA OP 407-408, 409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

Instructions for Completing the Attached AMA Uniform Health Insurance Claim Form  
(HCFA-1500) for FEDERAL EMPLOYEE'S COMPENSATION Claimants

**GENERAL INFORMATION**

Claims filed under the Federal Employees' Compensation Act (5 USC 8101 et seq.) are for employment-connected illness or injuries. All services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to give relief, reduce the degree or period of disability, or aid in lessening the amount of the monthly compensation, may be furnished.

"Physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct subluxation as demonstrated by X-ray to exist.

**FEEs**

OWCP is responsible for payment of all reasonable charges stemming from covered medical services to eligible claimants, and employs a relative value fee schedule and other tests to determine reasonableness. For specific information about any schedule limits which may apply to the services you are rendering, you may call the FEC District Office which services your area.

Your signature in item 25 of the claim form indicates your agreement to accept the Government's charge determination on covered services as payment in full, and your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP as the result of the application of its fee schedule or related test for reasonableness. (Please also review carefully item 25 under the SPECIFIC INSTRUCTIONS below for other certifications approved by your signature on the form.)

Schedule limits are applied to procedures identified through an automated billing system, by code, corresponding to the AMA Physician's Current Procedural Terminology (CPT 4). Accordingly, you should familiarize yourself with that coding structure and enter the appropriate code for each service or procedure for which you are billing. Failure to identify the services rendered with the proper CPT 4 code may result in the rejection of the bill or the application of an incorrect unit value.

A separate line in Block 24 must be used for each procedure performed and billed.

**SUBMISSION OF CLAIM**

The form must be fully completed according to the instructions, and mailed to the appropriate Federal Employees' Compensation District Office. The bill may also be submitted to the employing federal agency, to be forwarded to the correct address.

For services rendered by a physician, chiropractor, or dentist, a medical report is required which indicates the dates of treatment, diagnosis, findings, and type of treatment offered. In the initial report, relationship of the injury or illness to the employment should be explained. X-ray or other test reports should accompany billings for these services.

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds may upon conviction be subject to fine and imprisonment under applicable Federal laws.

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF INFORMATION**

We are authorized by the Federal Employees' Compensation Act (5 USC 8101 et seq.) to ask you for information needed in the administration of this program. The information requested is used to identify you, determine your eligibility, and decide whether the services you received are covered by the FECA program. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service received or the amount charged would prevent payment of the claim. Failure to furnish other information, such as name or claim number, would delay payment.

**SPECIFIC INSTRUCTIONS**

The following instructions are keyed to the standard AMA/Health Care Financing Administration Claim form (HCFA -1500). Modified versions of this form issued by local Medicare/Medicaid intermediaries may also be submitted to FECA, if they have been approved by HCFA. In addition, old FECA form CA-1333 may be used pending exhaustion of existing stock.

**PATIENT INFORMATION:**

- Item 1. Enter the patient's first name, middle initial, last name.
- Item 2. Enter month, day, and year of patient's birth.
- Item 3. Write "same" or leave blank.
- Item 4. On one line, enter the street address, and the city, state and ZIP on another. Telephone number may be omitted.
- Item 5. Self-explanatory.
- Item 6. Enter Social Security Number of patient.
- Item 7. Omit.
- Item 8. Enter FECA Claim Number. This is generally a number prefixed with the letter "A". Omission of the FECA claim number will result in delays in bill-processing.
- Item 9. List any potential third party payers other than FECA.

- Item 10. Check appropriate blocks.
- Item 11. Omit.
- Item 12. The signature of the patient or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. This must be completed for the bill to be considered.
- Item 13. The signature of the patient or authorized representative authorizes payment of the provider identified in item 25. This must be completed for the provider to receive direct payment.

#### PHYSICIAN OR SUPPLIER INFORMATION:

Complete those items which are applicable to the service or equipment you are providing. Not all items will apply to a particular case.

- Item 14. Enter date of first symptoms in the case of illness. Enter date of injury, in the case of trauma or accident.
- Item 15. Enter the date the patient first consulted you or requested your services, for the condition for which the service is provided.
- Item 16. A "no" in this box means that the patient did not have similar symptoms or complaints prior to the date given in Item 14. A "yes" in the box indicates that the patient had similar symptoms, or the same condition, at some time earlier than that date. If "yes" is checked, and you are the attending physician, your report should explain the previous occurrence.
- Item 17. The attending physician should complete this item.
- Item 18. The attending physician should complete this item.
- Item 19. Complete this item when submitting this form for the first time for a given patient.
- Item 20. Complete if applicable.
- Item 21. Applies to services described in item 24.
- Item 22. Complete if applicable.
- Item 23. (A) Enter diagnosis, if known. The appropriate diagnosis code must be entered for each separate condition, using the coding structure of the International Classification of Diseases, Clinical Modification, 9th Edition (ICD 9 CM). These codes may be entered in item 23 or in item 24, Column D. The diagnosis must be included in a claim from a physician, dentist, nurse, chiropractor, or physical therapist.  
(B) Omit.
- Item 24. In Column A, enter month, day, and year for each service rendered. Use a separate line for each distinct procedure. If several office or therapy visits are claimed, the date of each visit should be listed.  
Column B may be completed using place of service codes on the reverse of the form, or may be left blank.  
Column C should fully describe the service that was rendered. To the left, the appropriate code from the Physician's current Procedural Terminology, 4th Edition (CPT 4) must be entered. Do not use other codes, or make any other kind of entry in this space. See discussion under GENERAL INFORMATION above.  
In Column D, enter the appropriate ICD 9 CM diagnosis code or the reference number from item 23 above.  
In Column E, enter the charge for each procedure described.  
  
If multiple units of the same procedure are provided on a single date, you may enter the number in Column F. Services provided on separate days must be listed on separate lines.  
Column G may be completed using "type of service" codes on the reverse of the form.
- Item 25. The provider or a representative, must personally sign and date the claim form. The claim cannot be processed unless it is signed. By this signature, the provider certifies that the described services were in fact rendered as described, either personally or under direct personal supervision by the provider; that the foregoing information is true, accurate, and complete; further, that the services were medically necessary because of a condition indicated in item 23. In addition, the provider's signature indicates agreement to accept the Government's charge determination as payment in full for covered services (see the discussion of fee schedules under GENERAL INFORMATION above).
- Item 26. Not applicable to the FECA program.
- Item 27. Add all charges in item 24 Column E, and enter total.
- Item 28. Enter the amount of any payment already received against the charges in item 24.
- Item 29. Complete as appropriate.
- Item 30. All providers in private practice should enter Social Security Number.
- Item 31. Enter address to which payment should be sent. ZIP code is an identifying feature in our system, and must be included.
- Item 32. Complete as appropriate.
- Item 33. The Employer Identification Number (EIN) is the single most important identifier in our automated system. If there is no firm or corporate tax number, the provider's Social Security Number should be entered in this box. If possible, providers who bill us frequently should settle on a single tax identification number - either corporate or personal - which is used consistently on OWCP claims, to speed processing and reduce inaccuracy of payment.

**Item 33 must be completed or the claim cannot be processed.**

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

Form Approved  
OMB No 0938-0008

PLACE OF SERVICE AND TYPE OF SERVICE (T O S) CODES ON THE BACK  
REMARKS

Form HCFA-1500 (10-80)  
Form CHAMPUS-501

# HEALTH INSURANCE CLAIM FORM

## REFERS TO GOVERNMENT PROGRAMS ONLY

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If item 9 is completed, the patient's signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for

the deductible, coinsurance, and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program and renders payment for health benefits provided through membership and affiliation with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned "Insured"; i.e., items 3, 6, 7, 8, 9 and 11.

## SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE AND CHAMPUS)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered by me or were rendered incident to my professional service by my employee under immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as 'incident' to a physician's professional service, 1) they must be rendered under the physician's

immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that neither I nor any employee who rendered the services are employees or members of the Uniformed Services (refer to 5 USC 5536).

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422 510).

**NOTICE:** Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

## NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE AND CHAMPUS INFORMATION

We are authorized by HCFA and CHAMPUS to ask you for information needed in the administration of the Medicare and CHAMPUS programs. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act as amended and 44 USC 3101, 41 CFR 101 et seq and 10 USC 1079 and 1086.

The information we obtain to complete Medicare and CHAMPUS claims is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare or CHAMPUS and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards and other organizations or Federal agencies as necessary to administer the Medicare and CHAMPUS programs. For example, it may be necessary

to disclose information about the benefits you have used to a hospital or doctor.

With the one exception discussed below, there are no penalties under Social Security or CHAMPUS law for refusing to supply information. However, failure to furnish information regarding the medical service rendered or the amount charged would prevent payment of Medicare or CHAMPUS claims. Failure to furnish any other information, such as name or claim number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for treatment. Section 1877(a) (3) of the Social Security Act provides criminal penalties for withholding this information.

## MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency, or Dept. of Health and Human Services may request. I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that

program, with the exception of authorized deductibles and coinsurance.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally rendered by me or under my personal direction.

**NOTICE:** This is to certify that the foregoing information is true, accurate, and complete.

I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

## PLACE OF SERVICE CODES:

- 1 - (IH) - Inpatient Hospital
- 2 - (OH) - Outpatient Hospital
- 3 - (O) - Doctor's Office
- 4 - (H) - Patient's Home
- 5 - - Day Care Facility (PSY)
- 6 - - Night Care Facility (PSY)
- 7 - (NH) - Nursing Home
- 8 - (SNF) - Skilled Nursing Facility
- 9 - - Ambulance
- 0 - (OL) - Other Locations
- A - (IL) - Independent Laboratory
- B - - Other Medical/surgical Facility
- C - (RTC) - Residential Treatment Center
- D - (STF) - Specialized Treatment Facility

## TYPE OF SERVICE CODES:

- 1 - Medical Care
- 2 - Surgery
- 3 - Consultation
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Laboratory
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Assistance at Surgery
- 9 - Other Medical Service
- 0 - Blood or Packed Red Cells
- A - Used DME
- M - Alternate Payment for Maintenance Dialysis
- Y - Second Opinion on Elective Surgery
- Z - Third Opinion on Elective Surgery



TO BE GIVEN TO PERSON  
EXAMINED WITH A PRE-  
ADDRESSED "CONFIDENTIAL-MEDICAL" ENVELOPE.

# UNITED STATES CIVIL SERVICE COMMISSION CERTIFICATE OF MEDICAL EXAMINATION

Form Approved  
Budget Bureau  
No. 50-R0073

## Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (type/write or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCOUNT NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is YES, explain fully to the physician performing the examination)		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF  (signature of applicant)	

## Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

1. PURPOSE OF EXAMINATION <input type="checkbox"/> PREAPPOINTMENT <input checked="" type="checkbox"/> OTHER (specify) Light Duty Medical Assignment	2. POSITION TITLE Clerk - Limited Light Duty Medical Assignment
3. BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO Accomplish routine clerical duties such as answer the telephone, sort office mail, file letters, monitor work area security access, etc. in heated/air conditioned office. Employee can sit, walk, stand and/or elevate limbs on an intermittent basis, as medically required. Work can be full time or part time, such as 2 hours per day or 1 day per week. Duties will be in coordination with treating physicians' medical restrictions. Handicapped parking, restrooms and ramps are available and suited for wheelchairs, walkers and crutches.	
4. Circle the number preceding each functional requirement and each environmental factor essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.	
<b>A. FUNCTIONAL REQUIREMENTS</b>	
1. Heavy lifting, 45 pounds and over 2. Moderate lifting, 15-44 pounds 3. Light lifting, under 15 pounds 4. Heavy carrying, 45 pounds and over 5. Moderate carrying, 15-44 pounds 6. Light carrying, under 15 pounds 7. Straight pulling (    hours) 8. Pulling hand over hand (    hours) 9. Pushing (    hours) 10. Reaching above shoulder <b>11</b> Use of fingers one hand 12. Both hands required 13. Walking (    hours) 14. Standing (    hours)	15. Crawling (    hours) 16. Kneeling (    hours) 17. Repeated bending (    hours) 18. Climbing, legs only (    hours) 19. Climbing, use of legs and arms 20. Both legs required 21. Operation of crane, truck, tractor, or motor vehicle 22. Ability for rapid mental and muscular coordination simultaneously 23. Ability to use and desirability of using firearms 24. Near vision correctable at 13" to 16" to Jaeger 1 to 4
25. Far vision correctable in one eye to 20/20 and to 20/40 in the other 26. Far vision correctable in one eye to 20/50 and to 20/100 in the other 27. Specific visual requirement (specify) 28. Both eyes required 29. Depth perception 30. Ability to distinguish basic colors 31. Ability to distinguish shades of colors 32. Hearing (aid permitted) 33. Hearing without aid 34. Specific hearing requirements (specify) <b>35</b> Other (specify) Lift and/or carry one pound of weight	
<b>B. ENVIRONMENTAL FACTORS</b>	
1. Outside 2. Outside and inside 3. Excessive heat 4. Excessive cold 5. Excessive humidity 6. Excessive dampness or chilling 7. Dry atmospheric conditions 8. Excessive noise, intermittent 9. Constant noise 10. Dust	11. Silica, asbestos, etc. 12. Fumes, smoke, or gases 13. Solvents (degreasing agents) 14. Grease and oils 15. Radiant energy 16. Electrical energy 17. Slippery or uneven walking surfaces 18. Working around machinery with moving parts 19. Working around moving objects or vehicles
20. Working on ladders or scaffolding 21. Working below ground 22. Unusual fatigue factors (specify) 23. Working with hands in water 24. Explosives 25. Vibration 26. Working closely with others 27. Working alone 28. Protracted or irregular hours of work <b>29</b> Other (specify) Office work in heated/air conditioned space	

## Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN  (signature) (date)
2. ADDRESS (including ZIP Code)	IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

# Duty Status Report

## U.S. Department of Labor

Employment Standards Administration  
Office of Workers' Compensation Programs



This request for information is authorized by law (5 USC 8101 et seq.) Benefits and/or medical expenses may not be paid or may be subject to suspension under the Federal Employees' Compensation Program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108.

OMB No. 1215-0103  
Expires: 9-30-88

### Instructions for Completing and Submitting this Form

**Supervisor:** Complete Part A and refer the form to the attending physician for completion of Part B.

**Attending Physician:** Complete Part B. To prevent interruption of the employee's pay, the completed form should be returned to the employing agency (as shown in Item 12) within two days following examination and/or treatment. A copy of the form should also be sent to the OWCP (as shown in Item 11).

#### Part A - Supervisor

1. Name and Address of Medical Facility Providing Medical Services:	2. OWCP File Number (If known)	
	3. Employee's Name (Last, first, middle)	
	4. Date of Injury (Month, day, yr.)	5. Social Security No.
	6. Occupation	

7. Describe How the Injury Occurred and State Parts of the Body Affected.

8. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

Activity	Continuous	Intermittent		Activity/Exposure	Continuous	Intermittent	
a. Lifting/Carrying: Sedentary 0-10 lbs.			Hrs Per Day	p. Fine Manipulation			Hrs Per Day
b. Lifting/Carrying: Light 10-20 lbs.			Hrs Per Day	q. Reaching above Shoulder			Hrs Per Day
c. Lifting/Carrying: Moderate 20-50 lbs.			Hrs Per Day	r. Heat			degrees F
d. Lifting/Carrying: Heavy 50-100 lbs.			Hrs Per Day	s. Cold			degrees F
e. Sitting			Hrs Per Day	t. Excess Humidity			Hrs Per Day
f. Standing			Hrs Per Day	u. Chemicals, Solvents, etc. (Identify)			Hrs Per Day
g. Walking			Hrs Per Day	v. Fumes (Identify)			Hrs Per Day
h. Climbing Stairs			Hrs Per Day	w. Dust (Identify)			Hrs Per Day
i. Climbing Ladders			Hrs Per Day	x. Noise (Give dBA)			dBA Hrs Per Day
j. Kneeling			Hrs Per Day	y. Other (Describe)			Hrs Per Day
k. Bending			Hrs Per Day	9. Does the Job Require Driving a Vehicle <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No Operating Machinery? <input type="checkbox"/> Yes (Specify) <input type="checkbox"/> No			
l. Stooping			Hrs Per Day				
m. Twisting			Hrs Per Day				
n. Pulling/Pushing			Hrs Per Day	10. The Employee Works <div>Hours Per Day</div> <div>Days Per Week</div>			
o. Simple Grasping			Hrs Per Day				

11. Send A Copy of This Report To:

U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs

12. Send the Original Report to (Name and Address of Employing Agency):

**Part B - Physician**

13a. Does the History of Injury Given to You by the Employee Correspond to That Shown in Item 7?

☐ Yes ☐ No (If not, describe)

13b. Description of Clinical Findings

13c. Diagnosis of Condition Due to Injury

13d. Diagnosis of Other Disabling Conditions

14. Is Employee Able to Perform His/Her Regular Work (Describe on the Front of This Form)?

☐ Yes, If So,☐ Full-Time or☐ Part-Time \_\_\_\_\_ Hours Per Day  
(Fill In)☐ No, If not, complete item 15 below.

15. Complete the Following, If The Answer To item 14 is "No".

Activity	Continuous	Intermittent		Activity/Exposure	Continuous	Intermittent	
a. Lifting/Carrying: Sedentary 0-10 lbs.			Hrs Per Day	p. Fine Manipulation			Hrs Per Day
b. Lifting/Carrying: Light 10-20 lbs.			Hrs Per Day	q. Reaching above shoulder			Hrs Per Day
c. Lifting/Carrying: Moderate 20-50 lbs.			Hrs Per Day	r. Heat			degrees F
d. Lifting/Carrying: Heavy 50-100 lbs.			Hrs Per Day	s. Cold			degrees F
e. Sitting			Hrs Per Day	t. Excess Humidity			Hrs Per Day
f. Standing			Hrs Per Day	u. Chemicals, Solvents etc. (Identify)			Hrs Per Day
g. Walking			Hrs Per Day	v. Fumes (Identify)			Hrs Per Day
h. Climbing Stairs			Hrs Per Day	w. Dust (Identify)			Hrs Per Day
i. Climbing Ladders			Hrs Per Day	x. Noise (Give dBA)			dBA Hrs Per Day
j. Kneeling			Hrs Per Day	y. Are Interpersonal Relations Affected Because of A Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe)			
k. Bending			Hrs Per Day				
l. Stooping			Hrs Per Day				
m. Twisting			Hrs Per Day				
n. Pulling/Pushing			Hrs Per Day				
o. Simple Grasping			Hrs Per Day				

16. Describe Any Other Function of This Employee's Regular Work Which is Medically Restricted By The Injury.

17. Period of Disability (if termination date is unknown, so state)

Total Disability From \_\_\_\_\_ To \_\_\_\_\_  
Partial Disability From \_\_\_\_\_ To \_\_\_\_\_

18. If Employee is Able to Resume Work, Has He/She Been Advised?

☐ Yes ☐ No

If Yes, Give Date of Advice \_\_\_\_\_

19. Date of Examination

20. Date of Next Appointment, If Scheduled

I certify that all statements made above are true. I further understand that any knowingly false or misleading statement, or misrepresentation of material fact may subject me to felony criminal prosecution.

21. Typed or Printed Name and Address of Physician

22. Specialty

23. Tax Identification Number

24. Physician's Signature

25. Date

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

## REPORT DOCUMENTATION PAGE

1a REPORT SECURITY CLASSIFICATION Unclassified			1b RESTRICTIVE MARKINGS N/A		
2a SECURITY CLASSIFICATION AUTHORITY N/A			3 DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release; distribution unlimited.		
2b DECLASSIFICATION/DOWNGRADING SCHEDULE N/A			5 MONITORING ORGANIZATION REPORT NUMBER(S)		
4 PERFORMING ORGANIZATION REPORT NUMBER(S) NHRC Report No. 90-8			7a NAME OF MONITORING ORGANIZATION Chief Bureau of Medicine and Surgery		
6a NAME OF PERFORMING ORGANIZATION Naval Health Research Center		6b OFFICE SYMBOL (If applicable) 40	7b ADDRESS (City, State, and ZIP Code) Department of the Navy Washington, DC 20372		
6c ADDRESS (City, State, and ZIP Code) P.O. Box 85122 San Diego, CA 92138-9174			9 PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER Naval Sea Systems Command Reimbursable		
8a NAME OF FUNDING/SPONSORING ORGANIZATION Naval Medical Research & Development Command		8b OFFICE SYMBOL (If applicable)	10. SOURCE OF FUNDING NUMBERS		
8c ADDRESS (City, State, and ZIP Code) NMC NCR Bethesda, MD 20814-5044		PROGRAM ELEMENT NO.	PROJECT NO.	TASK NO.	WORK UNIT ACCESSION NO.
11 TITLE (Include Security Classification) (U) GAINING CONTROL OF OCCUPATIONAL INJURY AND ILLNESS IN THE U.S. NAVY CIVILIAN WORK FORCE					
12 PERSONAL AUTHOR(S) Anne Hoiberg					
13a TYPE OF REPORT Final		13b TIME COVERED FROM _____ TO _____		14. DATE OF REPORT (Year, Month, Day) 1990, January 16	
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17 COSATI CODES			18 SUBJECT TERMS (Continue on reverse if necessary and identify by block number)		
FIELD	GROUP	SUB-GROUP	Care Coordination; Training Programs		
			Case Management; Evaluation; el;		
			Cost Containment; Occupational Injury and Illness;		
19 ABSTRACT (Continue on reverse if necessary and identify by block number)					
<p>The purpose of this report was to describe a process, the Navy Occupational Injury and Illness Case Management Process (NAVCAMPRO), that was designed to integrate all phases of managing cases of occupational injury or illness and to institutionalize the control of these cases in order to achieve effective care coordination, case management, and cost containment. In NAVCAMPRO, role specifications are delineated for the following participants: supervisor, case manager, attending physician, occupational health nurse, health clinic liaison, light-duty supervisor, safety officer, physical therapist, security investigator, employees of the Department of Labor-Office of Workers' Compensation Programs, private physicians, representatives of labor organizations, and injured employees. Another important facet of NAVCAMPRO is the development and implementation of training programs as well as an incentive program (CARE). To implement NAVCAMPRO, key participants receive training, the process is instituted at a naval industrial setting, and an evaluation program of the effectiveness of NAVCAMPRO in meeting the aforementioned criteria is initiated.</p>					
20 DISTRIBUTION/AVAILABILITY OF ABSTRACT <input type="checkbox"/> UNCLASSIFIED/UNLIMITED <input checked="" type="checkbox"/> SAME AS RPT. <input type="checkbox"/> DTIC USERS			21 ABSTRACT SECURITY CLASSIFICATION Unclassified		
22a NAME OF RESPONSIBLE INDIVIDUAL Anne Hoiberg			22b TELEPHONE (Include Area Code) (619) 553-8461		22c OFFICE SYMBOL 40